



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

October 11, 2007

Christopher Moore, Administrator  
Hancock House - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

License #: RC-750

Dear Mr. Moore:

On August 14, 2007, a complaint investigation survey was conducted at Hancock House - CTM Enterprises. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "K. McDannel".

KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 18, 2007

**CERTIFIED MAIL #: 7003 0500 0003 1967 0681**

Christopher Moore, Administrator  
Hancock House - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

Dear Mr. Moore:

On August 14, 2007 a Health Survey was conducted at your facility. We have not yet received a response from the facility for that survey, which was due by **September 14, 2007**.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office on or before **September 28, 2007**.

Should you have questions regarding the survey or developing a response, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/sc

Enclosure



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August 20, 2007

Christopher Moore, Administrator  
Hancock House - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

Dear Mr. Moore:

On August 14, 2007, a complaint investigation survey was conducted at Hancock House - CTM Enterprises. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 13, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in dark ink, appearing to read "JS" followed by a stylized flourish.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

Enclosure



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August 20, 2007

Christopher Moore, Administrator  
Hancock House - CTM Enterprises  
9622 West Silverbirch Street  
Boise, ID 83709

Dear Mr. Moore:

On August 14, 2007, a complaint investigation survey was conducted at Hancock House - CTM Enterprises. The survey was conducted by Karen McDannel, RN and Donna Henscheid, LSW. This report outlines the findings of our investigation.

## **Complaint # ID00002755**

**Allegation #1:** The facility did not protect an identified resident's right to privacy related to the facility using baby monitors in residents rooms as call systems.

**Conclusion:** Unsubstantiated. During the facility tour on August 13, 2007, residents were observed to have call devices in their room which can be turned off and on by the resident as they wish. During interviews with five random residents on August 13, 2007 and August 14, 2007, the residents confirmed the call system can be turned off providing them privacy throughout the day.

**Allegation #2:** The facility did not provide an identified resident with humane care when the resident was locked out of the facility for 10 minutes after returning to the facility from an activity.

**Conclusion:** Substantiated. However, the facility was not cited as they had a planned grocery shopping day and had not been informed by the day treatment program that the resident was leaving the activity early and going back to the facility.

**Allegation #3:** The facility did not provide a safe and sanitary living environment. The house is in need of work; the carpet is worn, the bathroom linoleum is deteriorated in the bathroom that has the tub with a shower. The other bathroom that has shower stall has tile grout that needs cleaned.

**Conclusion:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.550.03.a.iii for not providing a safe and sanitary living environment. The facility was required to submit evidence of resolution within 30 days.

Christopher Moore, Administrator

August 20, 2007

Page 2 of 2

Allegation #4: The facility did not ensure that residents were treated in a courteous manner by staff.

Conclusion: Unsubstantiated. While the allegation may have occurred, it could not be determined during the investigation. Five random residents were interviewed on August 13, 2007 and August 14, 2007 and they denied any concerns regarding treatment from staff.

Allegation #5: The facility did not provide types and amounts of food to meet the planned menu i.e.: milk.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not meeting the planned menu. The facility was required to submit evidence of resolution within 30 days.

Allegation #6: The weekend staff refused to address resident complaints and told them to wait until the weekday staff were on.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by conducting an investigation that resulted in the termination of the weekend staff member.

Allegation #7: The facility did not ensure the dinner meals were served on time.

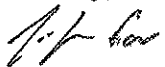
Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the investigation. Five random residents were interviewed on August 13, 2007 and August 14, 2007 and they confirmed that all meals are served in a timely manner.

Allegation #8: The facility RN did not ensure that an identified resident received an antibiotic as ordered by the physician.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.02 for not ensuring the identified resident received an antibiotic in a timely manner. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



KAREN MCDANNEL, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program  
Karen McDannel, RN, Health Facility Surveyor



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BUREAU OF FACILITY STANDARDS  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Hancock House</b>	Physical Address <b>1322 Hancock Dr.</b>	Phone Number <b>344-9044</b>
Administrator <b>Chris Moore</b>	City <b>Boise</b>	ZIP Code <b>83706</b>
Survey Team Leader <b>Karen McDannell</b>	Survey Type <b>Complaint Survey</b>	Survey Date <b>8/14/07</b>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
①	305.02	The facility RN did not ensure that Resident #2 received Antibiotic medication as ordered by her Physician.		
②	455	The facility did not provide types and amounts of food "Bulky" to meet the planned menu.	C.O.S. 8/14/07	
③	305.06.b	The facility RN did not conduct a 90 day nursing assessment to assure that Resident #1 was still capable to perform & track her blood glucose.		
④	550.03	Q. iii The facility did not provide a safe and sanitary living environment. i.e. Bathroom #1 (Tub/Shower Bathroom) toilet caulking dirty & worn; Linoleum between tub/shower & toilet was deteriorated. Toilet Seat was secured with a device that had a sharp metal edge. Bathroom #2 the grout on the floor tiles and around toilet		

Response Required Date <b>9/14/07</b>	Signature of Facility Representative 	Date Signed
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Hancock House</b>	Physical Address <b>1322 Hancock Dr.</b>	Phone Number <b>344-9044</b>
Administrator <b>Chris Moore</b>	City <b>Boise</b>	ZIP Code <b>83706</b>
Survey Team Leader <b>Karen McDaniel</b>	Survey Type <b>Complaint Survey</b>	Survey Date <b>8/14/07</b>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
④	16.03.22	had a black buildup substance. The rubber seal was torn and falling off bottom of shower door, there was a strong sour odor in the bathroom. The half bathroom toilet seat lid was not attached. Wall paper was peeling off walls. Carpet stained through out facility. Knobs missing on dresser drawers. Sliding glass door was difficult to open and did not slide properly. The carpet in front of the furnace door was saturated with water, the area was approximately 3 ft x 2 ft in measurement.		
⑤	550.13	The facility did not encourage prompt efforts were taken by the facility to resolve residents grievances. i.e. Residents being told to wait until week day staff on duty to voice concerns.		
Response Required Date <b>9/14/07</b>		Signature of Facility Representative 	Date Signed	